


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-17-2003 90254 017 ****61.25

DOCUMENT # N93000005097

1. Entity Name
THE SANCTUARY AT GOLDEN TEE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6610 GASPARILLA PINES BLVD
ENGLEWOOD FL 34224
US**

Mailing Address
**3285-A PLACIDA RD
PELICAN PLAZA
ENGLEWOOD FL 34224
US**

00014034



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0483370**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GUHT, WILLIAM O
3285-A PLACIDA RD
PELICAN PLAZA
ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William O. Guht (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GIBSON, WILLIAM H	
STREET ADDRESS	6610 GASPARILLA PINES BLVD, #227	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNNELL, RICHARD C	
STREET ADDRESS	6610 GASPARILLA PINES BLVD, #115	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEWART, ELEANOR	
STREET ADDRESS	6610 GASPARILLA PINES BLVD #209	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gibson, William H.	
STREET ADDRESS	6610 Gasparilla Pines Blvd. # 227	
CITY-ST-ZIP	Englewood, FL 34224	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bunnell Richard C.	
STREET ADDRESS	6610 Gasparilla Pines Blvd. # 115	
CITY-ST-ZIP	Englewood, FL. 34224	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stewart, Eleanor	
STREET ADDRESS	6610 Gasparilla Pines Blvd. # 209	
CITY-ST-ZIP	Englewood, FL. 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William H. Gibson DATE: 2/13/03 (941) 697-2482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #